

Chapter 43

Government Funding

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Introduction

As was mentioned previously, corporate and private philanthropy are just two ways to secure funding for any kind of disaster management plan. Such plans may be conceived and initiated by a single hospital, a hospital system, or by freestanding institutions that are grouped together in an area to form a disaster management

authority. The creation of this system will allow the region to be relatively prepared for a catastrophic or mass casualty event.

Government funding is another area that can be investigated for the potential to provide financial support and contribution. The two main sources for such government funding are grants and loans. It should be noted that both of these sources are extremely competitive. It is not easy to secure grants and loans from the government, because a finite amount of money must be spread out among a very large number of institutions.

The government, particularly the federal government through the Department of Homeland Security, will prioritize and distribute funds first and foremost by need. That need is defined as the risk of potential terrorist activity in the region and the cost to improve the security of that area to prevent such a terrorist act. Unfortunately, there has never been a truly equitable system for the distribution of Homeland Security dollars.

Other priorities are more politically motivated. These are the funds that are distributed through congressional sources. The funds are generally tied to bills or are available through discretionary funds provided to each senator or representative for their constituencies. Some of the sources are particular to individual politicians, and some to regional funds or other grouped entities. Some require cooperation from several members of Congress for distribution. Still others are earmarked for special projects.

Typically, the funds fall into certain categories for distribution, including education or infrastructure, such as roads. The ability to access these funds is dependent upon tailoring the proposal to fit the pool of funding dollars and convincing the politicians to support the hospital's program above the other applicants.

The Search for Funding Sources

The process of acquiring funds takes a great deal of research and effort to uncover available sources of unattached grants or loans. In addition, the various federal agencies are extremely complex in their application processes. The applications themselves are very lengthy, and the detail required is often overwhelming. In addition, the selection process is woefully subjective and will require careful strategy to convince the guardians of the fiscal pools to view your program as worthy of consideration.

Each of the various funding sources has very specific forms and applications that need to be addressed to qualify for even consideration for funding. In many instances, it is extremely beneficial to hire an accomplished grant writer to get through the application process successfully.

The assistance of a competent grant writer working with the hospital's team also benefits in the application process by ensuring use of the proper descriptive phrases and terminology that will be understood by the politicians. In other words, these writers have the ability to best describe the hospital's unique situation, as well

as clarifying and explaining what it is the hospital hopes to accomplish with its program.

Despite the obstacles to acquire them, government grants are available. Our hospital was quite successful in obtaining multiple grants of this type, but not without a fair amount of energy and work put into the process. The large outlay of resources cut into the profit margin, so to speak, of the grants received; but, in the end, there was still a distinct advantage to having endured the procedure.

Risk Potential

Again, emphasizing risk and threat potential with regard to terrorist activity is crucial to success, but there need not be an elevated terrorist potential to apply for funding. The threat to the local community served by the hospital may come, not from terrorists, but from natural disasters. Certain areas of the country, by their location and geographic characteristics, are more prone to these catastrophic natural occurrences. The risk may be by precedent or, merely, by potential to anticipate cataclysms of any description.

Certainly, the areas in Mississippi and Louisiana that were hardest hit through Hurricane Katrina and Hurricane Rita would be at a higher risk potential for a natural disaster and mass casualty events from wind and flooding. Therefore, these areas would probably be among those that would be willing to undergo the very competitive, complex, and lengthy application processes that are necessary in obtaining government grants.

Research Potential

Certainly, one of the beneficial things that can come out of any mass casualty event is the opportunity for research. Several categories of research are a natural offshoot of a disaster. The research could be in medical techniques or diseases that had never presented before, or had never presented in such significant numbers in the past.

The research also might be in one of the many social service areas of concern after a disaster. In a similar light, psychological research is often a byproduct of traumatic events on a large scale, whether natural or terrorist inspired. The ability to study post-traumatic syndromes had been limited to the battlefield and to isolated and individual cases of victimization. But, in a large mass casualty event, the ability to study the syndrome on a broad scale and with a large demographic is tantalizing to a psychologist interested in that area of study.

However, the most significant and prolific research opportunities would be in the area of disaster management. The investigation of best techniques or models in disaster mitigation can be at any level of operation and from any viewpoint. Best

modes of operation studies were generated after September 11th in medicine and surgery, nursing, engineering, psychiatry, architecture, city planning, just to name a few; and these areas of research were in addition to the general evaluation of overall disaster planning.

Additional projects were carried out, not from the original disaster, but from the aftermath. One of the most prominent, with the most notoriety and controversy, was in the area of victim health tracking. It is infinitely important, as is the case with New York where the World Trade Center Health Registry resides, to study and track the long-term effects on the population.

This goal is accomplished by retrospective study of individuals who either were at the epicenter at the time of the disaster or came to the area later and remained for a prolonged period. That data is matched against what has happened to their health in the interim with regard to pulmonary diseases and so on, and then compared to the general population for evidence of a long-term effect.

So, in the aftermath of a disaster in the region, hospital systems and hospitals themselves can avail themselves of these research opportunities and use these proposals to get some government grants and loans. These monies can be used in some cases to recover some of the capital that they have lost by the treatment of individuals during the mass casualty event itself. Or, the money could be used to acquire equipment or specific renovations that will benefit the hospital long after the research study has concluded.

Special Projects

In applying for disaster funding, it is pivotal that the hospital is cognizant of the type of disaster for which it is preparing. Without a focus, the proposal will lack clarity and impact. Proposals should neither be too broad nor too general, and there should be no room for ambiguity or lack of definition in either their scope or their purpose. The request for funding of special projects provides an excellent mechanism for support of the proposal. In the aftermath of a disaster, the applicability of this type of request guarantees a higher proportion of success for the campaign's proposal.

For example, in a proposal for a decontamination unit, the focus must be on the likelihood of a hazardous materials incident in the area. That incident may stem from the probability of a terrorist incursion, or it may be the prevalence of industrial operations in the area that utilize toxic chemicals, or it may even be the presence of a rail system or other transportation hub or grid that would make more likely an accident involving a transported hazardous material.

The need for decontamination units is something that has now, tragically, reared its ugly head in the disaster management arena. It is becoming painfully obvious that any type of mass casualty event that is perpetrated anywhere in the world

might very well involve a toxic substance that would require rapid decontamination of large populations.

Bear in mind that decontamination units are used for more than just chemical hazardous materials. They are also used in certain types of biologic exposures and radiological incidents, such as dirty bombs. It is equally well known that most hospitals have woefully inadequate decontamination potential due to a lack of equipment, training, and a dedicated and appropriate space.

To further complicate matters, all designs for such units have centered on large institutions and the creation of whole additions to the footprint of the institution to perform the process. Needless to say, the small percentage of hospitals around the country that fit that description leaves the remainder of the facilities throughout the country in a quandary about how to proceed.

The development and implementation of decontamination area designs that are specific for moderate-sized hospitals, incorporating the units into other areas of the existing structure to allow for appropriate downtime use, is an excellent opportunity to make a proposal for funding of a research and design project.

Another area of recent concern is the management of communicable infectious diseases. If a disease is highly contagious, especially by minimal contact, then the victims exposed must be isolated to prevent the further spread of the disease. Isolation units are of paramount importance in this area of medicine.

Very few, however, exist in any great number within hospitals, certainly far less than would be required in even the most contained and minimal biologic disaster. These units are extremely expensive. However, during times of major renovation of the hospital, provisions can be made at a much lower cost than with retrofitting. Still, most hospitals cannot afford the financial burden without assistance.

If the hospital can demonstrate that there is an elevated potential for such a situation to occur in its area, then funding for such an expansion is possible. Bear in mind that any argument that relies on prediction of things that have not yet occurred is more difficult than for those situations where there is a precedent. Fortunately, with the exception of the locations that dealt with the SARS outbreak, such as Hong Kong and Toronto, few hospitals have had such experience with contagious diseases.

Just as in the case of the decontamination units, isolation areas must be constructed with downtime use in mind. Again, the only plans that exist are designed for the large research hospitals that have the ability to add a wing to the hospital for isolation purposes. Research opportunities are ripe for designs that demonstrate viable downtime uses for isolation areas that can be incorporated into the existing hospital floor plan.

Obviously, it can be just a large room that can simply accommodate a number of people behind closed doors. But, of course, it is the airflow and ventilation systems that are the important, as well as the most expensive, components of the project. The ability to design implementation schemes that could use existing spaces

within the hospital that could be converted to isolation potential in the advent of a contagious disease outbreak would be monumental for the average institution.

Obviously, again it goes back to the ability to demonstrate to the funding authorities in the state and federal governments the relatively elevated priority of the hospital's area based on an assessment of risk. The difficulty may lie in fitting the risks of the community into the formula that is used to stratify the various needs assessments.

Communications Systems

Other projects that are extremely important, and might help to secure funding for the hospital, would be in the communication systems. In communications, redundancy is the key to survival. There's no such thing as having enough backup communication systems in the middle of a mass casualty event, because it's unknown which system is going to fail and why it ceases to be operational at the time that it does.

I can tell you this firsthand because, during September 11th, many of us were just using cell phones to communicate because normal phone lines were not operational, because of the collapse of the buildings onto the phone grid for Lower Manhattan. The ability to use some cell phones, despite the loss of the transmitting tower atop the World Trade Center, was due in large part to the rapid response of our cell phone provider.

Even the ability to have an in-house system that permits communication between the different departments, the operating room (OR), the emergency department (ED), the triage area, the in-patient areas, post anesthesia recovery rooms, etc., is terribly important but may not always be available. The loss of the ability to communicate in a disaster is untenable.

In addition, computer systems become an integral part in the communication network because so many of the functions rely on a network, either within the hospital or outside. Therefore, this system, too, relies on redundancies to guarantee continued function in a disaster. Communications is another area where funding proposals are entertained by government agencies. Aiding that proposal will be the aspect of disaster management that revolves around communication with police, fire, Emergency Medical Services (EMS), military, transportation, and so on. Even communication with the Office of Emergency Management for the area and the Department of Homeland Security are integral parts of a disaster plan.

Consultants

It is important to realize that fundraising is time consuming. It is not something that can be done overnight. And it will require individuals who are specialized or experienced in fundraising projects and strategies. People who are knowledgeable as strategists must be used if the hospital hopes to navigate the tortuous route of negotiations.

As I mentioned, if the hospital is going to look at government grants and loans, it should consult grant writers as those specialists. If the hospital is looking for government funding, obviously lobbyists would definitely come into play as an invaluable member of the team. It is not to say that these consultants must be used, only that the task will be far easier to accomplish if they are used.

So, the hospital suddenly must contemplate enlarging its manpower base to include strategists, lobbyists, grant writers, and others, all helping to increase the flow of funds into the institution. Always balance the outlay of money to those consultants against the increased revenue they hope to pull into the institution. If the balance is not in favor, then the hospital will have to go it alone.

Press Relations

It always helps to keep the institution's name in the newspaper to help court the politicians. The power of the press must never be underestimated, especially when it comes to politics. In this venue, as opposed to Corporate and Private Philanthropy, both facets of the press can be used to the advantage of the hospital.

Of course, positive press is the best route and has the most potential for success. Elected officials want positive media coverage. They rely on it to get elected and it helps to build public confidence once they are in office. The ability to turn a grant opportunity into a positive media event, or even a sound byte, can be a monumental incentive to a public official to assist the hospital.

On the other side of the coin, unlike corporate America that does not respond well to the potential of negative press, the politicians are eager to avoid any negative spin by the media. So keen is the distaste for it, that just the possibility of a negative mention by not participating in the proposed project may be enough to guarantee support.

A sympathetic press will always be the hospital's best ally. The effect is nowhere else as strong as it is in the political arena. There is rarely a CEO out there who underestimates the positive power of having a very, very good working relationship with the press.

Journalists as well can be individuals who, in the event of a disaster, can be counted upon to help. The media will enable the hospital to reach many people who may not know the extent or nature of the devastation, the needs of the victims or the hospital, or what they can do to help. The lesson we learned after September 11th, is that when we needed help, not necessarily just financial, but contributions of food, clothing, and other staples, there was no way for the hospital to get the information about that need out to the public. But, the journalist, whether a written or broadcast journalist, was able to take the story to those individuals who could ultimately provide the assistance.

Without that medium or vehicle, those who did not have direct access to our area, which was the majority of the population, would never have realized what was

lacking, much less be given the opportunity to provide assistance. Many were more than eager to give whatever help they could, but had no idea what was needed for the rescuers or for the neighborhood. Thoughtful journalism provides that link.

It is imperative that, in addition to the political contacts the hospital maintains, having good contacts and a strong working relationship with the journalists in your area is also important. Those journalists need not have a national reputation or recognition to be effective and important contacts. Often, due to the impact of the disaster, and the thirst for knowledge by the public separated from the disaster area, the local news reporters become temporary national celebrities.

Thus, the hospital's story may be catapulted into the national spotlight. To attract funding or seek later political connections, such publicity can be, if handled sensitively and with a positive spin, quite beneficial. Simply having a good rapport with the media personalities from the local stations will go a long way toward enabling the hospital to get its story to the public.

The media is one area where relationships must be cultivated, just as much as in the political arena. The journalists will be reporting whether a rapport exists or not. The hospital might as well have some influence on the spin that crosses their microphone. Misinformation due to lack of familiarity with the events can be very damaging to the hospital.

The public relations department of the hospital must take a very active role and prominent stance during the immediate aftermath of the disaster, and continue that activity well past the end of the event. Lack of strong promotion of the hospital at this juncture will amount to opportunities lost that will never be available to that extent again.

Good media support will serve the hospital well in the search for funding after a catastrophic event. Keeping the story foremost into the minds of the politicians with whom the hospital is working is desirable, and the media can accomplish that. It is not grandstanding, but merely protecting the image of the hospital and allowing for future name recognition in the event of the need for political or corporate assistance.

Remember though, journalists, like politicians, have very short attention spans. They have a tremendous amount to do during the disaster, so their focus may shift away from the hospital to other areas. And, once the catastrophic event is under control, it is very easy for people to want to move on to fresh issues. Therefore, it is important to keep those lines of communication open and keep the hospital on the journalist's radar so that what it is attempting to accomplish will eventually come to fruition.

Local Support

While we are on the subject of influence, it must be noted that the participation and support of local politicians, especially senators and representatives, can go a long

way in influencing political funding priorities. The subtle arm-twisting that only the politicians know can be the difference between success and failure. Therefore, even if the local politicians cannot directly assist the hospital in fundraising efforts, it is still wise to present the proposal to them and seek their support in lobbying the hospital's cause to the appropriate authority.

As mentioned above, the average hospital administrator knows full well about the value of the media. However, the benefits of the link to the corporate structure of the region, as well as the multiple corporate entities based near the hospital may not be as clear to the average administrator. That is an unfortunate fact.

Nor is the value of the private individuals and benefactors who support the hospital because they utilize the services of that institution well appreciated or understood by administration. Just as the power of the press to influence politics is robust, the ability of strategic and influential corporations or individuals to mold priorities of the governmental agencies and public servants at any level is staggering, and should never be forgotten or downplayed.

After September 11th, the outpouring of support from the individual corporations in our area was most impressive. And, the support was not generated by a desire for financial gain or power or even, in most cases, reputation. It is something that is inherent in the American spirit, probably as far back as the pioneers who had to support one another if they were to survive, to give to those in need.

Studies have shown that we in America contribute more to charitable organizations than any other country in the world; far exceeding the country that come in at number two, which is Great Britain. The only reason that even more is not given is that, when there is no blatant need, people tend to forget. But, let a disaster thrust the need to the foreground, and people dig into their pockets and roll up their sleeves.

The bottom line is that, when dealing with corporate funding, private philanthropy, or government grants, it is important to make it clear to those with whom one is negotiating, the benefits of the proposed program to the community. It must be made crystal clear that the disaster management plan that the hospital intends to put in place, with their help and the help of so many others in the community, is one that is well considered and carefully designed. It must be as clear that the hospital will be unable to accomplish the task without the financial support provided by the aforementioned groups.

Often, it is also helpful to let the various sources know that others have stepped up to assist in the project. In this way, it is made clear that there is support for the program and no one entity will be expected to shoulder the entire financial burden. However, such a strategy is not without pitfalls. There can be a sentiment from each of the agencies involved that the other agencies will be able to handle the entire cost of the project, and, therefore, their own participation is superfluous. Such thinking must be discouraged at every turn.

Restrictions

One important factor must be mentioned here. Government funding rarely covers operating expenses. The hospital can receive money from a grant for a rebuild or renovation. Money can be used for the purchase of equipment or, in some rare cases, supplies. It may even be used to run a research program of finite and limited scope and duration. In this situation only, agencies may cover the operational costs to a certain extent but more than likely it will be the responsibility of the hospital.

The key concept is that government grants are intended for one-time contributions only. The system is based on a front-loading strategy and is not flexible in covering ongoing expenses. Renovations and equipment will be the things that they will help you with, but they will almost never pay for manpower.

So, in the event the hospital is doing a renovation or a rebuild and is looking at specialized equipment to be installed, anticipate that there will be some government agencies that may help defray the cost of that renovation equipment. But, it is unlikely that they will provide any money to man the area or supply staff to operate the equipment. The hospital may be left with a beautiful and new, but empty space; or a wonderful piece of valuable equipment with no one to run it.

Political Agendas

In any discussion of government funding, the discussion of politics is integral. The topic must be part of the text, albeit briefly in some respects. Politics can either be a great friend to the hospital or it can be your biggest foe. While much of the political landscape is beyond the scope of influence of the hospital and, therefore, beyond its control, whether the political climate is an asset or an adversary often depends on how the hospital uses its political contacts. Politics must be considered as a mine field to be carefully threaded to reach hospital goals. Sometimes, someone lobs in a grenade to shake things up a bit, but, in general, the path is, at least, somewhat predictable.

In times of national emergency, all politicians understand that they need to band together, at least to some extent. While not abandoning their party philosophies, they have to cross the aisle to provide a unified front and an effective legislative body. When there is a national need, they have to forget about partisan feelings and become one organized unit working together to the best of their ability to secure the safety and well being of their constituents.

It is safe to say that in all instances where a disaster has occurred, whether it is a natural disaster or one perpetrated by some terrorist organization, politics can be and should be considered a friend. It is important to move forward regardless of past relationships and problems to overcome the present adversity. Politicians are well aware of that premise; if they aren't, their constituents will make it very clear to them.

This concept brings us back to the strategy of having a good working relationship with the representatives in the hospital's area, whether it is the local, state, or federal representatives. In this context, what should be considered is that disasters of any type are never necessarily considered in the terms of politics as something that you count on or look forward to. These are unintended events that, by and large, have to be dealt with.

The political arena must be considered a battleground to handle with extreme care. Actions in the political arena must be well thought out. Missteps can result in lasting consequences and missed opportunities. The hospital must work closely and collegially with the elected officials. Their responsibility is to their constituencies, and we must believe that their greatest motivation is to ensure the safety and wellbeing of those they are elected to serve. If we don't believe that, then there is no point continuing.

Again underscoring the concept that an ongoing working relationship with the politicians is paramount to having a quick response to a particular proposal, the first step is to contact the elected official's office. Inform them of what the hospital is proposing and the background for the request. Beyond the attempt to gain their support, this type of meeting is also necessary to prevent an untoward event.

Nothing is worse for a politician than to be blindsided. They do not like to be ill informed or out of the loop. Therefore, if another politician comes to them and mentions the hospital's proposal and they are unaware of it, it is an embarrassment to them. It is important for them to be the authority on what transpires in their district, and politicians take that responsibility seriously.

If they are pulled up short in that manner, it may create a prejudice against the hospital's program that could be detrimental to its success. The politician may harbor a small amount of resentment that the hospital did not include them in its itinerary and left them uninformed. Such a situation can be so simply avoided that it is unthinkable not to take into account.

The discussion with the local, regional, or state politician responsible for the hospital's location need only be brief. They must be given the basic information about the program and the proposal, as well as the contacts the hospital intends to make to promote the plan. Then it is only necessary to express the hope that they can provide both suggestions and support in the campaign. In most cases, they will be more than happy to step up to the plate and do so.

One of the sad realities of any catastrophic event is that, in its wake comes the potential for bankruptcy. The hospital must utilize this fact to engender patriotic or sympathetic sentiment among politicians. How can they abandon the very hospital that worked so hard to save lives during a disaster, and reward them with bankruptcy?

Many times, funding does not materialize, and the hospital may have to consider applying for the contingency funds that may have been set aside by the local, state, or federal government. While not always available, and not always easy to

qualify for, especially in the case of a small to moderate-sized hospital, these funds can be a godsend to ward off the bankruptcy that could heap a secondary disaster for the community on top of the original event.

The Junkets

All of these liaisons and affiliations serve only the purpose of getting the hospital noticed enough to have the proposal considered by the political agencies or individuals who govern the allocations. The next step is to parlay that opportunity into a successful campaign by advancing the strategy to the next level.

Realize that everything that has been discussed up to this point is merely to get a foot in the door with the politician or agency that is responsible for, or influential in, the allocation of the grant money the hospital is seeking. As daunting as the whole process appears, it is only the beginning in your quest for financial support.

Once efforts have culminated in the politician granting the hospital representatives an audience to present the proposal, now the real work begins. The representatives must be prepared for repeated junkets to the state capital, or to Washington D.C. to ensure a successful campaign. The politicians do not routinely come to someone's aid without some political or media benefits; those in need must go to them.

The staff of the politician are the first ones met. These sessions will be the most grueling. The staff traditionally consists of the assistants to the senator or representative (or other rank of politician). Typically, the group is made up of young professionals using this venue as a stepping-stone to the next level of authority.

They are generally savvy political analysts, keen economists, versatile political strategists, and sharp legal minds. Don't bluff through this juncture. The hospital's plan will be dissected and questioned, and you are responsible to provide the justifications for consideration of the proposal again and again.

While usually pleasant and accommodating, and frequently sympathetic, these staffers also tend to be quite blunt about the potential success of the proposal within the current political framework. Within each session of Congress, for example, there are earmarked monies, special grants and individual allocations that each politician must provide to their constituents. Often, a bill or funding source is controlled by several politicians from different geographic or political spheres. All must be in agreement if the funds are to be dispersed.

Other times, the earmarking is so solid that the funds have been allocated even before they have been made available. In addition, each of the politicians has their own agenda and personal priorities that will govern their decisions on allocations. If the particular politician is a staunch supporter of women's issues, for example, then, if the hospital's proposal does not specifically benefit this population, the chances of success are diminished.

After navigating this gauntlet, simply move on to the next politicians office and a new group of staffers, and the process repeats. It is important to gain as many

audiences as possible to capitalize on political affiliations and blocks of power. Ideally, the hospital representatives would want to address politicians who are in charge of key committees that would have an impact on the distribution of funds.

It is always preferred to have support from both sides of the aisle. If the hospital is able to establish a bipartisan coalition in favor of its proposal, the chances for success are raised exponentially. Needless to say, these diverse supporters are not easy to convince, as they often represent diametrically opposed positions on most funding. However, the key is to find a common ground or issue that all can agree upon, and to convince them of the tremendous import and timeliness of the problem at hand.

If agreement on such an issue can be reached and the fact that the program is a viable solution to employ in the situation can be demonstrated, then the hospital's political stake is quite high. It is a Herculean task, but it can be done. Our hospital was able to achieve such a coalition in the consideration of the area of Lower Manhattan as an extremely high-risk area for terrorism. Then when it was demonstrated that we were the only hospital in proximity to the area, it was clear to all that our ability to provide effective medical disaster management was paramount.

After progressing past the level of the staffers, then the work of presentation gets easier. The hospital will then be allowed to meet with the politicians themselves. Typically, they have tight schedules and can only spend a few minutes. It is here that fundraising representatives must develop and hone the concept of the sound byte. In short, punctuated statements, vividly convey both the basis and framework of the program, and then provide a sense of the importance and immediacy of the need. At the same time, convince them, in the fewest possible words, that the hospital's program is the only one to tackle the issue. It also doesn't hurt to throw in any notions of the positive press they will get from such support, in a subtle way, of course.

The politicians will listen intently, as politicians do. They will praise the hospital for its efforts and congratulate the outstanding proposal. They will then provide assurances that they will do all in their power to see that the proposal shakes to the top of the funding pile.

The next step is the waiting. It can be months before a bill is decided and the funds allocated. Good news will be followed by bad news, followed by the news that no one knows what will happen. The worst is when the proposal just withers and dies from lack of attention. It is here that lobbyists are at their peak performance. They are experts at stirring the pot and keeping attention on the hospital's request. They are also the hospital's eyes and ears, reporting back on progress, and also on where efforts to campaign should be centered.

If lucky, the hospital will be given the wonderful news that its plan has been accepted for funding. It is never as much as requested, but the hospital is gratified by the success. However, it isn't over yet. Until the money is in hand, there are a million things that can go wrong. One of the worst is when the funding source simply dries up.

Perhaps the bill has failed in Congress, the money has been allocated to another area, or a last-minute request has taken priority over all of the others. The effect is the same. The hospital doesn't get the funding. It may never be known why the hospital didn't get the money that was promised. But, the hospital's fundraising perseveres. Live for successes, and try to assuage failures, but, in the end, hope that the effort was worth it. It usually is.

Quick Look Resource

1. Government grants and loans are very competitive sources of funding, requiring strategy.
2. Funds are generally from two sources: Homeland Security and Congressional Funds.
3. Application process is lengthy, complex, and, unfortunately, extremely subjective.
4. Utilizing a grant writer to assist in the application process is advisable.
5. Emphasizing the risk potential of an area for disaster is beneficial for prioritization.
6. Research potential is a valuable stimulus toward acquiring grant money.
7. Potentials stem from actual disaster management or aftermath issues like victim trending.
8. Special projects are typically easier to pitch than general programs:
 - a. Decontamination units
 - b. Isolation areas
 - c. Communications systems
 - d. Training programs, etc.
9. Consider lobbyists to assist in marketing proposals to Congress.
10. Press relations are very important. Politicians love popular press.
11. Unlike corporations, politicians respond to avoidance of negative press, if used carefully.
12. Journalists less likely to have hospital access during disaster; secure contacts beforehand.
13. Journalists, like politicians, have short attention spans, their focus shifts quickly.
14. Local political support is key, including local corporations with political influence.
15. Government funding rarely covers ongoing or operational expenses: one-time donation.
16. You can build a wonderful new space and not be able to afford the staff to run it.
17. You must be able to capitalize on the political agendas of the politicians.

18. Make your proposal unique and compelling to stand out against myriad of others.
19. Need good working relationship with Senators and Representatives from your district.
20. Make sure they are well apprised of details of plan. Politicians hate to be blindsided.
21. The possibility for bankruptcy after a mass casualty is large: use as patriotic leverage.
22. Be prepared for multiple junkets to Washington D.C. to argue your case.
23. Start with Congressional Staffers, who are smart, savvy, and not easily bluffed (shield for politician).
24. Be prepared for promises that may not be kept, as well as endless waiting.
25. Even with success, funding may not materialize (bill defeats; funds mysteriously evaporate).